

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-012505

STATE FILE NUMBER

Registration District No. 233

Primary Registration District No. 4347

Registrar's No. 27

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0700

2 0700

3

4 1

5 1

6

7 0

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9 450.1

10

11

12 70-2

13 2-0

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Montgomery

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Middletown

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Length of stay in 1b

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Montgomery

c. CITY OR TOWN Middletown

d. STREET ADDRESS (If outside, give location)

Inside Limits
Yes ☒ No ☐

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
Floy Lee Smith

5. SEX
female

6. COLOR OR RACE
white

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
May 30, 1888

9. AGE (last birthday)
74

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (City and state or country)
Montgomery Co., Mo.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Joe Lee Davis

13b. MOTHER'S MAIDEN NAME

Nannie Strador

14. NAME OF HUSBAND OR WIFE

Cubert Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT
Chas. Davis, New Hartford, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Gangrene right leg.

INTERVAL BETWEEN ONSET AND DEATH
1 week

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerosis, Rheumatoid arthritis.

DUE TO (c)

Senility

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from March 24, 1963 to March 29, 1963 and last saw her alive on Mar. 29, 1963
Death occurred at 4 A m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

William H. Wellby

22b. ADDRESS

Wellsville, Mo.

22c. DATE SIGNED

4-1-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

A pr. 1, 1963

23c. NAME OF CEMETERY OR CREMATORY

Fairmount

23d. LOCATION (City, town, or county)

Middletown, Mo.

24. FUNERAL DIRECTOR

Pritchett-Myers Middletown, Mo.

25. DATE RECD. BY LOCAL REG.

4-1-63

26. REGISTRAR'S SIGNATURE

Laura B Callaway

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Howard Myers

Licensed Embalmer No. 4494

P. O. Address Wellaville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.